



John Salomone
Town Manager

TOWN OF NEWINGTON

131 Cedar Street Newington, Connecticut 06111

Parks & Recreation Department

Bruce Till
Superintendent

Refund Request Form

Newington Parks and Recreation strives to provide excellent customer service and we make all attempts to provide high quality programs. All of our programs are intended to be self-supporting, and we must meet minimum enrollment numbers in order for a program to run. We depend on the revenue from program fees to pay our instructors, order supplies, etc.

No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund requests for medical reasons must be submitted to the Parks and Recreation Department and **must be accompanied by a note from the participant's physician.**

This form should be submitted as soon as possible as we cannot issue refunds for classes missed before a refund is requested. If a refund is granted for a medical reason accompanied by a physician's note, the amount will be pro-rated to reflect the number of classes remaining after the refund request form is received. A \$5.00 processing fee will also be deducted from any refund issued. Please allow up to five days for the processing of your refund request.

Participant's Name: _____

Address: _____ Phone: _____

Program Name: _____ ID: _____ Fee Paid: _____

Reason for withdrawal (please be specific): _____

I understand that this request form will be reviewed by the Parks and Recreation Department, and that all refunds are issued at the discretion of the Parks and Recreation Department Staff. I understand that if I receive a refund, the amount will be pro-rated to reflect the number of classes remaining after this form is received by the Parks and Recreation office. I also understand that a \$5.00 processing fee will also be deducted from any refund that is issued.

Signature (required): _____ Date: _____

Office use only

Received by: _____ Date Received: _____

Approved: YES NO Amount: _____ By: _____
Staff Member